

Wake Tech Dental Hygiene

dhclinic@waketech.edu

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Perry Health Sciences Campus | 2901 Holston Lane • Raleigh, NC 27610

(919)747-0126

Patient Name:

Last

First

MI

Preferred Name

Clinic Introduction

We are pleased that you have selected Wake Technical Community College Dental Hygiene Program for your dental hygiene care. The school is a teaching institution with a commitment to the quality education of health care professionals. Adults and children who receive care in our clinical programs are vitally important participants in this process.

We are committed to the highest quality of care. To do this, the patient or parents/guardians of the patients, and dental professionals must work together to develop the best relationships. A better understanding of your oral condition and your rights and responsibilities in the treatment of that condition will contribute to better care and greater satisfaction for all concerned. We realize that no set of guidelines can ever fully describe the special relationship that exists between you and your healthcare provider. The purpose of the following policies is to enhance the mutual trust, cooperation and respect which surround that relationship.

As a patient in the Wake Tech Dental Hygiene Clinic, I understand that:

1. I agree to permit the students (primary provider of care) and faculty of the Wake Tech Dental Hygiene Program to provide dental care to myself, child or legal ward.
2. all persons cannot be accepted as patients. Persons with complicated medical conditions, rigid time requirements, and difficult dental care needs may not be accepted.
3. receiving dental hygiene care does not guarantee future dental hygiene treatment.
4. care at the Dental Hygiene Clinic takes longer than in a private dental practice.
5. appointments may be up to four hours long and I must be prepared for multiple visits to complete my dental care needs or those of my child or legal ward.
6. the Wake Tech Dental Hygiene Program maintains the right to discontinue treatment for any appropriate reason, such as 2 cancellations or broken appointments.
 - a) In such cases, the patient or parent/guardian agrees to accept full responsibility for pursuing alternate professional dental care.
 - b) Records and x-rays will be provided upon written request.
7. I will be expected to pay for the treatment before services are rendered and that the Wake Tech Dental Hygiene Program reserves the right to revise fees at any time, for any treatment which has not yet been started.
8. all dental procedures have certain risks, including possible side effects from some medicines used in dentistry and that these risks include but are not limited to: Allergic reactions; cuts/abrasions; tenderness/bruising from injections; sensitive teeth.
9. I may be exposed to bloodborne pathogens and if any contamination occurs, I will be notified of the course of action to be taken.
10. the Wake Tech Dental Hygiene Program is authorized to use any treatment records, x-rays, photographs, or videos for teaching/research purposes, including their use in scientific journals. Patients' names will not be used or disclosed in order to maintain confidentiality.

If you have any questions, concerns, or problems with your treatment, please call (919) 747-0126, Monday through Friday, from 8:00 a.m. to 4:30 p.m.

Dental Emergency After Hours

If you have a dental emergency, please contact your dentist of record or go to your local emergency room. Patients should have their own dentist of record to serve their full dental needs.

Scope of Comprehensive Dental Hygiene Care

You will be screened and classified for treatment in the Dental Hygiene Clinic by a dental hygiene student and faculty member. During the course of your dental hygiene treatment, you will be advised as to your future dental needs. Comprehensive dental hygiene treatment will be completed, unless otherwise specified during the screening or treatment planning process. However, since we are authorized to provide only dental hygiene services, we are unable to complete all your possible dental treatment at the Dental Hygiene Clinic. You will be referred to a private practice dentist or a public health clinic for any additional care deemed necessary.

Items included within the scope of comprehensive dental hygiene care in the state of North Carolina that may be experienced here at the Dental Hygiene clinic include:

1. Complete oral prophylaxis (cleaning) including a head and neck exam, dental charting, probing the gums, locating and removing tartar above and below the gums, and preventive homecare instructions.
2. Application of preventive agents to oral structures to include fluoride and dental sealants.
3. Exposure and processing of radiographs (x-rays).

4. Administration of medicaments (medication) prescribed by a licensed dentist to include irrigating the gums and local anesthesia.
5. Preparation of diagnostic aids to include impressions for study models.
6. Written records of oral conditions for interpretation by the dentist.

Patient Rights

1. You may expect to be treated with consideration and respect regardless of your race, color, creed, religion, national origin, gender or gender identity, age, marital status, disability, public assistance status, veteran status, or sexual orientation.
2. Receipt of services consistent with the urgency of your needs, within the guidelines of the clinic. Referrals for care outside of the scope of the clinic will be made as needed.
3. You are entitled to a clear explanation of your dental hygiene status, treatment recommended, alternatives for care as well as any risks involved, the cost, who will provide your care and approximately how long it may take.
4. You have the right to request all established policies and procedures regarding bloodborne and infectious diseases, post-exposure guidelines as defined by the Centers for Disease Control and Prevention, and OSHA's Bloodborne Pathogens standards. A copy may be requested at the front desk of the clinic or online at <https://www.cdc.gov/dental-infection-control/hcp/index.html> or at <https://www.osha.gov/bloodborne-pathogens>.
5. You have the right to participate in decisions about your dental hygiene treatment and to have any questions answered before making a decision. Any treatment you receive will meet appropriate standards of care. You may also refuse treatment and expect to be informed of the possible consequences of your decision. If your refusal is not congruent with good standards of care, it may be to your discretion to seek treatment outside the Dental Hygiene Clinic, and you will be dismissed as a patient.
6. Confidentiality and privacy regarding you as a person and your care will be maintained. A copy of your treatment record will not be released without your written permission, except as required by law. A patient may ask to see this record at any time if he/she wishes to determine who is viewing his/her confidential information and for what purpose. Wake Technical Community College Information Technology Services (ITS) administers the maintenance of the clinic computer system and may access patient records with permission from the department in order to maintain the computer system.

Patient Responsibilities

Patients of the Wake Technical Community College Dental Hygiene Clinic are expected to:

1. share honestly and completely information about your medical and dental history, previous illnesses, hospitalizations, exposure to communicable diseases, information about medications you are taking, allergies, and your current medical care.
2. let us know when there are changes in your general health condition, or if you should experience complications or unusual discomfort following a treatment procedure.
3. ask questions so that you can better understand your dental hygiene condition and the treatment provided.
4. be available at least one-half-day a week for scheduled 3-4-hour appointments until all treatment is complete (several visits).
5. be available during the entire treatment appointment, to include parents/legal guardian of a patient under the age of 18.
6. give at least 24-hours' notice when canceling an appointment. Two cancellations or broken appointments will result in dismissal as a patient.
7. respond to students calls/texts/emails within 48 hours of receipt or risk being inactivated as a patient.
8. be prompt in attendance for your, or your child's, dental visit.
9. pay for services received or be dismissed from the clinic.
10. seek routine care from another source (such as a dentist in private practice), once the course of prescribed treatment is complete.
11. be considerate and respectful of other patients, and of students, faculty and staff of Wake Technical Community College to include turning off cell phones during care.
12. Refrain from bringing gifts to students, faculty or staff in clinic. Students/faculty/staff are not allowed to accept gifts of any kind from patients.

** Failure to adhere to any guidelines may result in dismissal from the clinic. Patients dismissed are never allowed to return to the clinic. **

Treatment of Minors/Children on Campus in Relation to the Dental Hygiene Clinic

As a teaching institution, please understand that additional people in the student cubicle (operator) adds disruption for students who are learning. The cubicles also have limited space for additional people to sit. Therefore, the Wake Tech Dental Hygiene clinic protocol for treatment of minors (ages 4-17) and additional children being on campus in our clinic or reception area is as follows:

1. All minors must be accompanied by a parent or legal guardian to the clinic. Other relatives, friends or caregivers may not bring the child unless they are a

documented legal guardian of the child.

2. The parent or legal guardian must be present in the reception area for the entire appointment.

3. Only the parent or legal guardian is allowed to sign the medical history, treatment plan or any additional documents for the minor.

4. Parents/legal guardians are encouraged to wait in the reception area while care is provided, unless a medical need necessitates the parent sitting with the patient. If any issues arise, the student or faculty member working with your child will come to alert you and ask you to come into the clinic. In addition to the space limitations in the clinic, in general children tend to behave better for clinicians when parents are not present.

5. Patients are discouraged from bringing any children not being treated by the clinic to appointments. The appointments in our clinic often last three or more hours, which is a very long time for a child to behave while waiting. If children do not behave, you may be asked to leave the clinic/reception area/hallways and the patient being treated in clinic will need to be dismissed for the day. Please remember we are an educational institution and other classes can't be disrupted by unruly children in our clinical area or hallways.

6. If a child under 15 arrives with a patient but has no supervision (someone 15 or over) in the reception area, the patient will be dismissed for that day of treatment. Children are not allowed to sit in the cubicle with parents that are patients in clinic when the child is not appointed for the day. Please arrange for childcare to attend appointments. The only exception to this rule may be for a screening appointment that doesn't require x-rays to be taken. In no instance may a child accompany a parent to an x-ray room.

7. Parents/legal guardians of minors, and additional children with the parent, are allowed on the floor as needed to sign paperwork, review oral hygiene instructions, or at the request of the clinician but may be required to wear a mask while on the floor. Once the paperwork is complete all guests should return to the reception area.

Special Needs Protocol

The Dental Hygiene Clinic at Wake Tech can accept patients with special needs in our clinic, with limitations. Special needs patients by our accrediting body's definition require modifications in treatment based on medical, physical, psychological or social situations. Due to this being a learning institution with student novices, we are able to make some accommodations and unable to make others. Please note the following lists of examples. If additional accommodations are needed, we will address them on an as needed basis. If we aren't able to make accommodations, we will make referrals to appropriate locations.

Examples of Treatment Modifications our Clinic is Able to Accommodate

This list is not comprehensive in nature. Faculty members will follow clinic protocol to determine any additional modifications possible based on individual patient needs.

. Appointment Time - morning vs. afternoon based on student schedules - some ability to accommodate.

. Altered Treatment Length (ie. Shorter appointments).

. Altered patient positioning (ie. Upright, semi-supine, supine).

. Communication - writing notes, typing on computer, larger font size, service animals (patient arrives with the certified animal) techniques to assist with apprehension & anxiety, patients arrive with interpreter (must be 15 years or older).

. Wheelchair transfers or provision of services while in the wheelchair.

Examples of Treatment Modifications our Clinic is Unable to Accommodate

This list is not comprehensive in nature. Faculty members will follow clinic protocol to determine if a patient is too difficult for treatment, based on individual patient needs and to determine if a change is needed in accommodations the clinic is able to provide.

. Patients who are deemed to be too difficult for the clinic, need care beyond our scope, would be put at risk during services, or would put others at risk during care will be referred to another site.

o Active TB patients

o Patients who need premedication but have not taken the premedication

o Treatment of patients within 6 months of a heart attack or stroke

Must be over 6 months to be considered for treatment

o Patients with any unstable medical condition (ie. BP, diabetes, etc.)

o Difficult management cases - deemed too difficult for students ex. high anxiety

. Communication - interpreters for hearing impaired; interpreters for languages other than English

. Medications Needed to Complete Treatment - no nitrous oxide or controlled substances are in our clinic

. Transportation - unable to transport patients to clinic

. Parking - no ability to park any closer to the building than the visitor lots designated handicapped spaces

Consent and Agreement

- ☐ * By signing below, I am indicating that I understand all documents provided to me, and that I have the legal authority to give this consent of the patient, (if not myself). I hereby give consent to the Wake Technical Community College Dental Hygiene Program to perform those tasks, including local anesthesia, necessary or appropriate for proper dental examination, diagnosis, and treatment.

All of my questions regarding this introduction to clinic, scope of care, patient rights and responsibilities, treatment of minors/children on campus, special needs patient protocol and consent and agreement have been answered. I have been provided with a copy of this agreement for my reference, if requested.

- ☐ * I, the undersigned, fully understand that, as part of their clinical requirements, Wake Technical Community College (WTCC) Dental Hygiene Student(s) shall be administering my dental hygiene care. I further understand that the student(s) administering my care do(es) not have a license but is (are) under the supervision of Registered Dental Hygienists. A licensed Dentist is also on site as a consultant for the program. Only dental hygiene care is provided at the WTCC clinic with referrals provided for any additional dental services needed.

- ☐ * I understand that there can be negative side effects associated with a dental cleaning including, but not limited to: bleeding gums, discomfort and pain, minor swelling, ulcers, blisters, and unintentional loss of mobile teeth. In rare cases allergic reactions may occur to various dental products such as topical and local anesthetic or red dye in the disclosing solution. The clinic is a latex free clinic so no latex allergies should occur. Each patient will be counseled about the potential risks, based on his/her specific condition as assessed during the initial phase of care in the clinic.

- ☐ * To the best of my ability, I certify that the medical information I provided in my medical and dental history is true and accurate. Furthermore, I hereby assume the risk of any and all injuries, illnesses and damages associated with, or that may arise from, my dental cleaning and do hereby waive, release and forever hold harmless Wake Technical Community College, its Board of Trustees, officers, employees, students and agents for any and all liability, losses, expenses, claims, demands, actions and any and all causes of actions whatsoever, arising from, or related to, my dental cleaning, whether known or unknown or hereinafter arising.

- ☐ * Anyone under the age of eighteen (18) must have a parent or legal guardian present during care in the Dental Hygiene Clinic and said parent or legal guardian must give written consent.

Response Date: _____